

# Foster Family Home - Corrective Action Report

Provider ID: 1-510976

Home Name: Teresita Pagtama, CNA

Review ID: 1-510976-5

94-468 Alapine Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/13/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/13/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling RV  
Compliance Manager

Teresita Pagtama  
Primary Care Giver

2/13/19  
Date

2/13/2019  
Date